

# Family Day Care Inspection Compliance Plan

Provider's Name: **Elizabeth Dinger**

City: **Sioux Falls**

Provider Number: **018042195**

Inspector: **Kelly Gnat**

Date of Inspection: **05/28/2019**

Time of Inspection: **10:30 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

## A. Provider's Practices/Maximum Capacity/Care of Children

18. Does the provider stay on the same level of the home as the children or is able to hear them and expeditiously respond to their needs when caring for children under the age of three years?  
67:42:03:15

<p>Corrections To Be Made:</p> <p><b>Provider to remain on same level as the children or be able to hear and respond to their needs.</b>  <b>*Discussed with provider on 06/24/19. She will remain on same level with the children.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>06/15/2019</b></td> <td style="text-align: center;"><b>06/24/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>06/15/2019</b>	<b>06/24/2019</b>
Suggested Completion Date:	Actual Completion Date:				
<b>06/15/2019</b>	<b>06/24/2019</b>				

## B. Record Keeping/Fire Safety & Emergency Weather Drills

30. Does each child's record contain all required information? 67:42:16:13

<p>Corrections To Be Made:</p> <p><b>MB - Emergency Contact</b>  <b>JD - Immunization Records</b>  <b>MD - Immunization Records</b>  <b>RV - Immunization Records</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>06/15/2019</b></td> <td style="text-align: center;"><b>06/24/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>06/15/2019</b>	<b>06/24/2019</b>
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<b>06/15/2019</b>	<b>06/24/2019</b>				

32. Do provider and helper records contain all required information? 67:42:03:07.03

Corrections To Be Made:	Agency Action:	
<b>BD - CPR, Training</b> <b>ED - CPR, Training</b>	<b>Corrective Action Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>07/31/2019</b>	<b>07/29/2019</b>
	Status: <b>Corrected</b>	

34. Has the provider completed six hours of training in at least three topic areas in the past year? Of those hours, only three are limited to reading or watching TV or video etc. 67:42:03:07.02

Corrections To Be Made:	Agency Action:	
<b>Documentation of training to be provided by 07/31/19</b>	<b>Corrective Action Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>07/31/2019</b>	<b>07/29/2019</b>
	Status: <b>Corrected</b>	

36. Have all helpers completed six hours of training in at least three separate topic areas in the past year? 67:42:03:07.02

Corrections To Be Made:	Agency Action:	
<b>Documentation to be provided by 07/31/2019</b>	<b>Corrective Action Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>07/31/2019</b>	<b>07/29/2019</b>
	Status: <b>Corrected</b>	

37. Does the provider have a current CPR certification? 67:42:03:07.02

Corrections To Be Made:	Agency Action:
<b>Documentation to be provided by 07/31/2019</b>	<b>Corrective Action Plan</b>
	Suggested Completion Date:
	Actual Completion Date:
	<b>07/31/2019</b>
	<b>07/29/2019</b>
	Status: <b>Corrected</b>

38. Do the helpers have current CPR certification? 67:42:03:07.02

Corrections To Be Made:	Agency Action:
<b>Documentation to be provided by 07/31/2019</b>	<b>Corrective Action Plan</b>
	Suggested Completion Date:
	Actual Completion Date:
	<b>07/31/2019</b>
	<b>07/29/2019</b>
	Status: <b>Corrected</b>

**C. Health & Safety Features of the Home - Indoor Environmental Observations**

72. Is there documentation showing pets have current vaccination records? 67:42:03:22

Corrections To Be Made:	Agency Action:
<b>Documentation to be provided.</b> <b>*Documentation received on 06/24/19</b>	<b>Compliance Plan</b>
	Suggested Completion Date:
	Actual Completion Date:
	<b>06/15/2019</b>
	<b>06/24/2019</b>
	Status: <b>Corrected</b>

**D. Health & Safety Features of the Home - Outdoor Environmental Observations**

90. Did the Provider obtain orientation training in the topic of child development by 11/30/2018?

Corrections To Be Made:	Agency Action:	
<b>Documentation to be provided by 07/31/2019</b>	<b>Corrective Action Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>07/31/2019</b>	<b>07/29/2019</b>
	Status: <b>Corrected</b>	

**Elizabeth Dinger**  
\_\_\_\_\_  
Provider Signature

**05/28/2019**  
\_\_\_\_\_  
Date

**Kelly Gnat**  
\_\_\_\_\_  
Inspector Signature

**05/28/2019**  
\_\_\_\_\_  
Date